

APPLICATION FOR A NON-COMMERCIAL RESTRICTED USE PESTICIDE LICENSE
for Calendar Year _____

INSTRUCTIONS: Complete and submit to the Arkansas State Plant Board, P.O. Box 1069, Little Rock, Arkansas 72203. Upon approval, your license will be issued for the year indicated.

In accordance with Section 9 of the Pesticide Use and Application Act (copy available upon request), a non-commercial license is requested by the following person or firm for the use, supervision and/or demonstration of the use of restricted use pesticides (EPA restricted use pesticides and/or state restricted pesticides). Applicant verifies that he qualifies for the non-commercial license as defined in Section 4(c)(4) of the above Act.

PERSON APPLYING

Name: Last _____ First _____ Middle _____

Name of Firm or Affiliate _____

Mailing Address _____ City _____ State _____ Zip Code _____

County _____ Home Phone # () _____ - _____ Work Phone # () _____ - _____

Fax # () _____ - _____ E-mail address _____ Cell Phone # () _____ - _____ (Opt)

Indicate category(s) applied for(must be currently certified in each category indicated):

- | | |
|-------------------------------|----------------------------------|
| ~ (1) Agricultural -Plants | ~ (3) Aquatic |
| ~ (1B) Agricultural - Animals | ~ (4) Right- of Way |
| ~ (2) Forest Pest Control | ~ (5) Demonstration and Research |
| ~ (2A) Wood Treatment | ~ (6) Public Health |

FEE: \$35.00 per category

Amount \$ _____

Applicant's
Signature _____ Title _____ Date _____
(PERSON APPLYING ONLY)

This application is considered incomplete unless the second page(Required Confidential Information Form) is completed.

DO NOT WRITE IN THIS SPACE

NON-COMMERCIAL RESTRICTED USE PESTICIDE LICENSE

License Number

Date of Issuance

Required Confidential Information Form

Pesticide Division

Instructions: Please print clearly. This information is confidential and required by Act 1163 of 1997.
The name below should appear the same as on the license application form.

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ - _____ - _____

Do not write below this line

For Plant Board Use Only

Type of License(s) Issued	License Number
Private Applicator License <input type="checkbox"/>	_____
Commercial Individual License <input type="checkbox"/>	_____
2,4-D OIC Authorization Permit <input type="checkbox"/>	_____
2,4-D Pilot's Authorization Permit <input type="checkbox"/>	_____
Non-Commercial License <input type="checkbox"/>	_____
Ginseng Dealer License <input type="checkbox"/>	_____
Ginseng Man License <input type="checkbox"/>	_____
Landscape Contractors License <input type="checkbox"/>	_____
Pest Control License <input type="checkbox"/>	_____
Ag Consultants License <input type="checkbox"/>	_____
Seed Dealers License <input type="checkbox"/>	_____
Seed Treaters License <input type="checkbox"/>	_____
Registered Seed Technologists License <input type="checkbox"/>	_____
Other <input type="checkbox"/>	_____

During the Arkansas General Assembly legislators passed Act 1163 of 1997. This Act mandates that on and after July 1, 1997, all persons, boards, commissions, or other licensing entities issuing any occupational, professional or business license or marriage licenses will record the name, address and social security number of each person applying for such licenses on the license application, or on the license if no application is required. The Arkansas State Plant Board is required to submit this information to the Office of Child Support Enforcement.